UNITED STATES COURT OF APPEALS FOR THE SECOND CIRCUIT AGENCY APPEAL PRE-ARGUMENT STATEMENT (FORM C-A)

⊔ APP	LICATION FOR EN	CORCEMENT	□ PETITION FOR REVIEW		
1. SEE NOTICE ON REVERSE. 2. PLEASE TYPE OR PRINT. 3. STAPLE ALL ADDITIONAL PAGES.					
CAPTION:			AGENCY NAME:	AGENCY NO.:	
			DATE THE ORDER UPON WHICH REVIEW OR ENFORCEMENT IS SOUGHT WAS ENTERED BELOW:	ALIEN NO: (Immigration On	ly)
			DATE THE PETITION OR APPLICATION WAS FILED:	Is this a cross-pet cross-application	tition for review / for enforcement?
				□ YES	□ NO
Contact Information for Petitioner(s) Attorney:	Counsel's Name:	Address:	Telephone No.:	Fax No.:	E-mail:
Contact Information for Respondent(s) Attorney:	Counsel's Name:	Address:	Telephone No.:	Fax No.:	E-mail:
JURISDICTION OF THE COURT OF APPEALS (provide U.S.C. title and section):	APPROX. NUMBER OF PAGES IN THE RECORD:	APPROX. NUMBER OF EXHIBITS IN THE RECORD:	Has this matter been before this Circuit pro If Yes, provide the following: Case Name: 2d Cir. Docket No.: Reported	eviously? Yes er Citation: (i.e., F.3d	□ No l or Fed. App.)
ADDENDUM "A": COUNSEL MUST ATTACH TO THIS FORM: (1) A BRIEF, BUT NOT PERFUNCTORY, DESCRIPTION OF THE NATURE OF THE ACTION; (2) THE RESULT BELOW; AND (3) A COPY OF ALL RELEVANT OPINIONS/ORDERS FORMING THE BASIS FOR THIS PETITION FOR REVIEW OR APPLICATION FOR ENFORCEMENT.					
ADDENDUM "B": COUNSEL MUST ATTACH TO THIS FORM: (1) THE RELIEF REQUESTED; (2) A LIST OF THE PROPOSED ISSUES; AND (3) THE APPLICABLE APPELLATE STANDARD OF REVIEW FOR EACH PROPOSED ISSUE.					
PART A: STANDING AND VENUE					
<u>STANDING</u>			<u>VENUE</u>		
PETITIONER / APPLICANT IS: □ AGENCY □ OTHER PARTY □ NON-PARTY (SPECIFY STANDING):			COUNSEL MUST PROVIDE IN THE SPACE BELOW THE FACTS OR CIRCUMSTANCES UPON WHICH VENUE IS BASED:		

PART B: NATURE OF ORDER UPON WHICH REVIEW OR ENFORCEMENT IS SOUGHT (Check as many as apply) **TYPE OF CASE:** ADMINISTRATIVE REGULATION/ RULEMAKING IMMIGRATION-includes denial of an asylum claim BENEFITS REVIEW IMMIGRATION-does NOT include denial of an asylum claim UNFAIR LABOR **TARIFFS** OTHER: **HEALTH & SAFETY COMMERCE** (SPECIFY) **ENERGY** 1. Is any matter relative to this petition or application still pending below? □ Yes, specify: □ No 2. To your knowledge, is there any case presently pending or about to be brought before this Court or another court or administrative agency which: Arises from substantially the same case or controversy as this petition or application? \square No \square Yes (A) Involves an issue that is substantially similar or related to an issue in this petition or application? □ No (B) \square Yes If yes, state whether \square "A," or \square "B," or \square both are applicable, and provide in the spaces below the following information on the *other* action(s): Docket No. Citation: Case Name: Court or Agency: Name of Petitioner or Applicant:

NOTICE TO COUNSEL

Once you have filed your Petition for Review or Application for Enforcement, you have only 14 days in which to complete the following important steps:

Signature of Counsel of Record:

Date:

- 1. Complete this Agency Appeal Pre-Argument Statement (Form C-A); serve it upon your adversary, and file the **original** with the Clerk of the Second Circuit.
- 2. Pay the \$450 docketing fee to the Clerk of the Second Circuit, unless you are authorized to prosecute the appeal without payment.

<u>PLEASE NOTE</u>: IF YOU DO NOT COMPLY WITH THESE REQUIREMENTS WITHIN 14 CALENDAR DAYS, YOUR PETITION FOR REVIEW OR APPLICATION FOR ENFORCEMENT WILL BE DISMISSED. SEE LOCAL RULE 12.1.